24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
WOMEN SPEAK OUT PAC	C C00530766	
Check if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay	
Full Name of Payee EAN Services LLC	Date of Public Distribution/Dissemination	
LAN Services LLC	10 15 Y Y Y Y Y Y	
Mailing Address PO Box 402383	Amount	
City State Zip Code	2500.00	
Atlanta GA 30384	Transaction ID : SE.22121 Date of Disbursement or Obligation	
Purpose of Expenditure Category/	Man / Dab / Yayayay	
Travel (estimate) Type	10 15 2020	
Name of Federal Candidate Support Office	e Sought: House District:	
TRUMP, DONALD J., , ,	President Senate State:	
Gaichdaí Tear 10 Baic	ursement For: Primary General	
Per Election for Office Sought 4166558.43 2020	Other (specify) ▶	
Full Name of Payee EAN Services LLC	Date of Public Distribution/Dissemination	
	10 15 2020	
Mailing Address PO Box 402383	Amount	
City State Zip Code	2500.00	
Atlanta GA 30384	Transaction ID : SE.22122 Date of Disbursement or Obligation	
Purpose of Expenditure Travel (estimate) Category/ Travel	M M / D D / Y Y Y Y	
Type	10 15 2020	
	e Sought: House District:	
BIDEN, JOSEPH R JR, , ,	President Senate State:	
2020	ursement For: Primary X General	
Per Election for Office Sought 4169058.43	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
· ·	7 7	
(c) TOTAL Independent Expenditures.		
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
Gross, Jennifer, , ,	M / D D / Y Y Y Y	
	0 16 2020	
g		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXI EN	DITORIES		PAGE 2 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼		
WOMEN SPEAK OUT PAC			C	C00530766		
Check if 24-hour report 48-hour report	X New r	eport Amends repo	ort filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Hertz			10 /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1534 Sunset Blvd			Amount			
City	State	Zip Code		1000.00		
Steubenville	ОН	43952		Transaction ID : SE.22119 Date of Disbursement or Obligation		
Purpose of Expenditure Travel (estimate)		Category/ Type	10	15 / 2020		
Name of Federal Candidate		x Support	Office Sought:	House District:		
TRUMP, DONALD J., , ,		Oppose	✗ President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought		4163058.43	Disbursement For: 2020 Other (spe	Primary ✗ General ecify) ▶		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Hertz			10	15 / 2020		
Mailing Address 1534 Sunset Blvd			Amount			
City	State	Zip Code		1000.00		
Steubenville	ОН	43952	Transaction ID Date of Disbu	: SE.22120 rsement or Obligation		
Purpose of Expenditure Travel (estimate)		Category/ Type	10	15 / 2020		
Name of Federal Candidate		Support	Office Sought:	House District:		
BIDEN, JOSEPH R JR, , ,		x Oppose	✗ President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought	-,	4164058.43	Disbursement For: 2020 Other (sp	Primary ✗ General ecify) ▶		
(a) SUBTOTAL of Itemized Independent Expendi	tures			2000.00		
				7 7		
(b) SUBTOTAL of Unitemized Independent Experience	nditures		•			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Gross, Jennifer, , , Signature	[Electr	onically Filed] Date	10 / 16	2020		
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXI EN	SHORLS		PAGE 3 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼		
WOMEN SPEAK OUT PAC			C	; C00530766		
Check if 24-hour report 48-hour report	X New re	eport Amends repo	ort filed on	/ D = D / Y = Y = Y		
Full Name of Payee The Lukens Company			Date of P	ublic Distribution/Dissemination		
Mailing Address 2800 Shirlington Rd			10 Amount	16 2020		
City	State VA	Zip Code	Transporti	208055.49		
Arlington	VA	22206		Transaction ID : SE.22117 Date of Disbursement or Obligation		
Purpose of Expenditure Printing / Production		Category/ Type	10 ^M	14 2020		
Name of Federal Candidate		✗ Support	Office Sought:	House District:		
TRUMP, DONALD J., , ,		Oppose	x President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought		3954002.95	Disbursement Fo	r: Primary X General (specify) ▶		
Full Name of Payee				ublic Distribution/Dissemination		
The Lukens Company						
Mailing Address 2800 Shirlington Rd			Amount			
City	State	Zip Code	— r	208055.48		
Arlington	VA	22206		on ID : SE.22118 risbursement or Obligation		
Purpose of Expenditure Printing / Production		Category/ Type	M 10	/ 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District:		
BIDEN, JOSEPH R JR, , ,		x Oppose	x President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought		4162058.43	Disbursement Fo	or: Primary X General		
(a) SUBTOTAL of Itemized Independent Expendi	tures		· •	416110.97		
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	7		
(c) TOTAL Independent Expenditures			•	423110.97		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Gross, Jennifer, , ,	[Electro	onically Filed] Date	4.0	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
- 3						